U.S. Department of Labor ∙Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9/50	2. Fiscal Year Covered From:
•	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Anthony Saito	Name Bricklayers AFL-CIO, Local Union #1
	Labor Organization File Number 025-992
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2251 North School Street	Street 2251 North School Street
City Honolulu	City Honolulu
State Hawaii ZIP Code + 4 96819	State Hawaii ZIP Code + 4 96819
5. Position in labor organization. Business agent	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State , ZIP Code + 4	4
Sig	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the second complete)	nying documents), has been examined by the signatory and is, to the best of the
Signed States	0-0-2005
Signed (Galling)	On 8-8-2508 (808) 841-0491

Name of Person Filing Anthony Saito	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Hawaii Masons & Plasterers Training Trust Fu Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2251 North School Street City Honolulu State Hawaii ZIP Code +4 96819	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 1 of 8 pages)	
Street	11.b. Approximate dollar value of such dealing, \$170	
City State ZIP Code + 4	12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Anthony	Saito	File Number U-

f			
8. Name and address of Busi	iness (including trade name, if any).	9. Business deals with:	
Name Masons Vacation Trade Name, if any:	n and Holiday Trust Fund	a. Labor Organization	
P.O. Box, Bldg., Room No., if	fany [b. Trust	
Street 2251 North Sch	ool Street	c. Employer	
City Honolulu			
State Hawaii	ZIP Code +4 96819		
10. If 9.b. or 9.c. is checked give	e trust or employer's name.	11.a. Nature of such dealing.	
Name		Expenses incurred as trustee on multical Taft-Hartley employee benefit plan (See 2 of 8 pages)	
Trade Name, if any:		2 of a pages)	
P.O. Box, Bldg., Room No., if	any		•
Street	A toka of a set of a		
City			,
State	710 0-1- 1		
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$61
		12.a. Nature of interest held or income received.	
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			:
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		12.b. Amount.	A West

Name of Person Filing Anthony Saito	File Number U-
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12.a. Nature of interest held or income received.				
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 2251 North School Street City Honolulu State Hawaii Zip Code + 4 96819 10. If 9b. or 9c. is checked give trust or employer's name. Name Repenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 3 of 8 pages) Street City State Zip Code + 4 11b. Approximate dollar value of such dealing. 11.a. Nature of interest held or income received.	8. Name and address of Business (i	including trade name, if any).	9. Business deals with:	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2251 North School Street City Honolulu State Hawaii ZIP Code + 4 96819 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 3 of 8 pages) Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$180 11.a. Nature of interest held or income received.	Name Masons Health and Welfare Trust Fund		S.C. a Labor Organization	
Street 2251 North School Street City Honolulu State Hawaii ZIP Code + 4 96819 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Street Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 State ZIP Code + 4 11.a. Nature of such dealing. Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 3 of 8 pages) 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	Trade Name, if any:		A. Labor Organization	
City Honolulu State Hawaii ZIP Code + 4 96819 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 3 of 8 pages) Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$180 12.a. Nature of interest held or income received.			b. Trust	
State Hawaii ZIP Code + 4 95819 10. If 9b. or 9c. is checked give trust or employer's name. Name Expenses incurred as trustee on multiemployer Tafft-Hartley employee benefit plan (See Attachment 3 of 8 pages) P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$180 12.a. Nature of interest held or income received.	Street 2251 North School S	Street	c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	City Honolulu			
Name Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 3 of 8 pages) P.O. Box, Bldg., Room No., if any Street City Il.b. Approximate dollar value of such dealing. \$180 12.a. Nature of interest held or income received.	State Hawaii	ZIP Code + 4 96819		
Traft Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$180 12.a. Nature of interest held or income received.	10. If 9.b. or 9.c. is checked give trust of	or employer's name.	11.a. Nature of such dealing.	All of all factors and any of a bloody 2 is quintered and any of a second
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$180 12.a. Nature of interest held or income received.	Name		Expenses incurred as trustee on m	ultiemployer
Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$180 12.a. Nature of interest held or Income received.	Trade Name, if any:		3 of 8 pages)	Accachinenc
State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$180 12.a. Nature of interest held or income received.	P.O. Box, Bldg., Room No., if any	e sent del Paris de la Meri Media de la Santa de Maria de Andréa des angula paga persona de Santa de Andréa de		
State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$180 12.a. Nature of interest held or income received.	Street			!
12.a. Nature of interest held or income received.	City		:	
	State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$180
12.b. Amount.			12.a. Nature of interest held or income received.	
12.b. Amount.				j :
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			12.b. Amount.	1

Name of Person Filing Anthony	Saito	File Number U-
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8. Name and address of Business (Including trade name,	if any). 9. Business deals with:
Name Masons Pension Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2251 North School Street City Honolulu State Hawaii ZIP Code + 4	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 4 of 8 pages)
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$15,602
	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing Anthony Saito	File Number U-
	In the second

8 Name and address of Puniness (including trade name if any)	9. Business deals with:	
8. Name and address of Business (including trade name, if any).		
Name Hawaii Masons & Plasterers Annuity Trust Fun	a. Labor Organization	
Trade Name, if any:		
DO Dou Dido Doom No. Kony	b. Trust	
P.O. Box, Bldg., Room No., if any	1° : - F	
Street 2251 North School Street	c. Employer	
City Honolulu		
State Hawaii ZIP Code + 4 96819		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Expenses incurred as trustee on multiemployer	
	Taft-Hartley employee benefit plan (See Attachment 5 of 8 pages)	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$7,993	
	12.a. Nature of interest held or income received.	
	12.b. Amount.	

Name of Person Filing Anthony Saito	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Sierra Investment Partners. Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 101 Ygnacio Valley Road City Walnut Creek State California ZIP Code + 4 94596	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Masons Pension Trust Fund	Gift of wine bottle
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 2251 North School Street	
City Honolulu	
State Hawaii ZIP Code + 4 96819	11.b. Approximate dollar value of such dealing. \$49
	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing Anthony	Saito	File Number U-	

8. Name and address of Business (including	ng trade name, if any).	9. Business deals with:	
Name Sierra Investment Partne	ers. Inc.	a. Labor Organization	
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any		b. Trust	
Street 101 Ygnacio Road		c. Employer	
City Walnut Creek			
State California	ZIP Code + 4 94596		
10. If 9.b. or 9.c. is checked give trust or emple	oyer's name.	11.a. Nature of such dealing.	
Name Hawaii Masons & Plaster	ers Annuity Trust Fun	Gift of wine bottle	
Trade Name, if any:			;
Trade Name, II any.	And the state of t		:
P.O. Box, Bldg., Room No., if any	of at the control to the control to the control of at management of the control o		
Street 2251 North School Street			,
City Honolulu			
State Hawaii	ZIP Code + 4 96819	11.b. Approximate dollar value of such dealing.	\$49
		12.a. Nature of interest held or income received.	
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			-
			Miles Of
			!
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		12.b. Amount.	<u> </u>

Anthony Saito File Number - Initial filing 12/31/2004

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Attachment to Form LM-30, Line 11.a,b

		Amount of		
	Date of payments	<u>payments</u>	Kind of payment	Method of payment
TR	January 1, 2004 through		Meeting expenses	
	December 31, 2004		Meeting expenses for attendence at	Check
		112	quarterly trust fund meetings	
		37	Meeting expenses for attendence at monthly delinquency committee meeting	Check ngs
		20	Meeting expenses for attendence at special trustee meeting	Check
	 =:	170	:	

Amounts paid on behalf as a trustee of Hawaii Masons and Plasterers Training Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Anthony Saito File Number - Initial filing 12/31/2004

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Attachment to Form LM-30, Line 11.a,b

		Amount of		Method of payment
	Date of payments	<u>payments</u>	Kind of payment	<u>payment</u>
HW	January 1, 2004 through		Meeting expenses for attendence at	Check
	December 31, 2004	111	quarterly trust fund meetings	
		37	Meeting expenses for attendence at	Check
			monthly delinquency committee meetin	gs
		32	Meeting expenses for attendence at	
		02	special trustee meeting	
	-			
	_	180	_	

Amounts paid on behalf as a trustee of Masons Health and Welfare Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Anthony Saito International Foundation - Investment Institute - Pension Tuscon, Arizona

		. 0		20	
5/03/04		6.00		375.67	
5/02/04		19.00	5.00	37.13 6.00	
5/01/04		174.35 15.69 8.00 22.00	5.00	9.00	
4/30/04		174.35 16.15	5.00	365.18 11.00 3.00	
4/29/04		291.33 18.56 17.02 26.13	5.00	18.00	
4/28/04		291.33 21.40 11.07	5.00	18.00	
4/27/04		251.33 17.31 68.35 5.00	6.28	18.00	
4/26/04		5.00	20.17		
No Date	3,434.70 855.00				
ltem	Airfare, Train, Bus Meeting Registration	Hotel Breakfast Lunch Dinner Porters-Bellman Taxis Bus	Maid Snack Airport Parking Other:	Coffee Car Rental Gas Valet Private Auto - mileage Cart Parking	Long Distance Laundry

384.67
79.14
236.04
584.68
376.04
349.30
366.27
25.17
4,289.70
6,691.01
Totals

335.66

178.99

142.05

774.01

330.80

327.79

329.54

276.41

30.61

5,605.93

Totals

Anthony Saito NCCMP 2004 Annual - Pension Lake Buena Vista, Florida

ltem	No Date	11/26/04	11/27/04		11/29/04	11/28/04 11/29/04 11/30/04	12/01/04	12/02/04 12/03/04	12/03/04	12/04/04
Airfare, Train, Bus Meeting Registration	4,780.93 825.00		,							
Hotel Breakfast Lunch			250.88	250.88 23.56	250.88 19.70 13.57	250.88 17.25 16.15	98.10	98.10 17.96	136.25 18.75	
Dinner Porters-Bellman Taxis Bus		5.00	6.00	42.60	28.64	37.52	30.23 5.00			5.00
Maid				5.00	5.00	5.00	5.00	5.00	5.00	5.00
Snack		25.61	17.28	3.50				16.99		
Airport Parking										
Other:										
Coffee										
Car Rental							603.68			323.66
Gas							25.25		14.99	
Valet			2.00	4.00	10.00	4.00	4.00	4.00	4.00	2.00
Private Auto - mileage										
Cart			1.25				2.75			
Parking										
Toll										
Long Distance										
Laundry										

0.00

258.77

236.86

237.41

380.43

358.60

370.13

364.80

29.95

5,564.40

Totals

Anthony Saito International Foundation - Benefit Communication - Annuity Orlando, Florida

					Orlando, Florida	Florida			
ltem	No Date	3/26/04	3/27/04	3/28/04	3/29/04	3/30/04	3/31/04	4/01/04	4/02/04
Airfare, Train, Bus Meeting Registration	4,709.40 855.00								
Hotel Breakfast Lunch			300.48	300.48 25.81	300.48 15.86	300.48	174.35 17.06	174.35	·
Dinner Porters-Bellman Taxis. Bus		5.00	59.32 5.00	38.84	31.26	54.04	17.00	43.51	10.00
Maid Snack		24.95		5.00	5.00	5.00	5.00	5.00	5.00
Airport Parking Other:)) :))) ;	
Coffee Car Rental Gas									233.77
Valet					9.00	9.00	9.00	9.00	3.00
Private Auto - mileage Cart									
Parking Toll						14.91	00 6		
Long Distance Laundry) i		

Anthony Saito File Number – Initial filing 12/31/2004

General explanation on reporting amounts of Form LM-30

This individual is a union official for the Bricklayers AFL-CIO, Local Union #1, Labor Organization File Number 025-992 and is also a union official for the Plasterers and Cement Mason, ALF-CIO, Local Union #630, Labor Organization File Number 037-279. The amounts disclosed are total amounts received directly or on behalf of this union official and have not been allocated or prorated between the two labor organizations this individual represents.